

MDR Tracking Number: M4-03-9559-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/11/03.

I. DISPUTE

Whether there should be reimbursement for date of service 11/25/03.

II. RATIONALE

CPT code 62284

The Requestor billed \$572.00 for the listed CPT code. The MAR value for this procedure is \$303.00. The Carrier denied reimbursement as "G 90 – Included in Global Fee. The value of this service is included in the value of another service billed on the same date." Based on the 1996 Medical Fee Guideline, Surgery Ground Rule (II)(A), the global fee concept cannot be applied, as this is a starred procedure. Therefore, reimbursement is recommended in the amount of \$303.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT codes 62284 and 62289 in the amount of \$303.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$303.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 28th day of February 2005.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd